ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Aster Father's Name: Abera G. Father's Name: Balecha

Date of Birth: 08 May 96 Place of Birth: Hidi Passport Number: EP6381831 Gender: FEMALE

Address: - Region: Oromia City: _____ Sub City: E/Shoa Woreda: Ada Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: EF10909018

Contact Person in case of Emergency: Name Adisu Cheru Telephone: 0900272607

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE Departure (Effective) Date: _____

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	Adisu cheru	Husband	100%	0900272607
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Aster **Signature:** _____ **Date:** 18/02/25